

Roadway Adoption Program

Application Form

Instructions:

Send Completed form to:

Roadway Adoption Program • 12363 Limonite Ave. #910 • Eastvale, CA • 91752 Phone – 951.361.0900

| Application Information | | | |
|---|--------------------------|-----------------------|----------------------------|
| Organization/Business Name | e: | | |
| Primary Contact: | | | |
| Street Address: | City: | State: | Zip Code: |
| Phone: | Email: | | |
| Age Range of Participants: | | | |
| Please list the Top Three (3) streets you wish to adopt: | | | |
| Please reference the Eligibility | Map available on the Cit | v Website before not | ing your preference. |
| (Example: Schleisman Rd. From Archibald Ave. to Harrison Ave) | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Name of Organization/Busin | ess as it is to appear o | n sign: No phone nu | imbers, logos or websites. |
| | | | |
| Acknowledgement: | | | |
| I hereby state that the infor | mation above is correc | t to the best of my l | knowledge and agree to |
| all terms and conditions stat | | | |
| Signature: | | Date: | |
| Jibilatal C. | | Date. | |
| Staff Use Only: | | | |
| Application Received:/ | | Receive | d By: |
| | Approved By: | | |